DOCUMENT RESUME

ED 411 481 CG 027 989

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TITLE Accountability in Counselor Training Programs.
PUB DATE 1997-04-04
NOTE 39p.; Paper presented at the Annual Meeting of the American Counseling Association (Orlando, FL, April 4-7, 1997).
PUB TYPE Information Analyses (070) -- Speeches/Meeting Papers (150) -- Tests/Questionnaires (160)
EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Accountability; Counseling Psychology; Counselor Educators; *Counselor Evaluation; Counselor Performance; *Counselor Training; Evaluation Needs; Outcomes of Education
IDENTIFIERS Counselor Supervisors; *Scoring Rubrics

ABSTRACT

As the counseling profession continues to refine its ethics and standards of practice, assessment methods that can provide psychometrically sound methods of judging the competence of clinical performance become essential. However, the recurrent use of the word "evaluation" in supervision literature implies a negative hierarchical relationship. Subsequently, a new way to assess counselors-in-training is presented in this paper, with an emphasis on the use of alternative assessments as a means for supervisors and trainees to compare clinical performance to the criteria of professional standards. The central themes here include accountability in counselor training programs, shifting from evaluation to assessment, incorporating alternative methods of assessments in supervision, and discussing a scoring rubric to enhance assessment reliability. The scoring rubric, it is claimed, can provide concrete examples of how performance levels on a given criteria are defined and, thus, improve self evaluation, professional growth, and motivation. It should also help counseling supervisors' interaction with trainees by providing a more positive and objective form of supervision. Guidelines for rubric development are offered; a 15-step process to develop rubrics for scoring the clinical performance of counselors-in-training is outlined in the appendix. Details on scoring are also provided. Contains 25 references. (RJM)

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ACCOUNTABILITY IN TRAINING

ACCOUNTABILITY IN COUNSELOR TRAINING PROGRAMS

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CG027989

Note

This paper was presented at the American Counseling Association World Conference in Orlando Florida on April 4, 1997 by the authors. This presentation includes the handouts presented to session attendees.

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Abstract

As the profession of counseling continues development through more refined definition of our ethics and standards of practice, assessment methods which provide us with psychometrically sound methods of justifying the competence of clinical performance become essential. The recurrent use of the word evaluation in supervision literature is questioned as implying a negative hierarchal relationship, and evidence is presented that a change in terminology may facilitate a change in the way supervisors approach their evaluator role. The article advocates the use of alternative assessments as a means for supervisors and trainees to compare clinical performance to the criteria of professional standards.

ACCOUNTABILITY IN COUNSELOR TRAINING PROGRAMS

Accountability within a profession refers to the degree that individuals who are members of that profession are held responsible for upholding the defined standards of the profession and presenting evidence, when requested, that justify their behavior. As standards are better defined, the complexity of the task that must be mastered by the professional increases, thus increasing the need for more specific and rigorous training. Supervision is recognized not only as a key aspect of professional training, but also as a professional obligation of training programs within the field of clinical practice (Bernard, 1992). Vasquez (1992) emphasized the importance of the supervision process when he stated that

> ...the strongest weapon against professional misconduct may be the education of trainees. Supervision is one of the primary methods in which emerging professionals learn the skills to conduct counseling and psychotherapy. The content, skills, and modeling that a supervisor imparts are all key aspects of promoting ethical practice. (p. 196)

However, in this age of accountability and litigation, simply modeling the skills, ethical behaviors, content, etc. is no longer enough. Supervisors, whether members of university faculties or in agencies, must be able to insure (and provide some form of concrete proof in the case of litigation) that students/interns who will become new professionals in the field have developed the competencies required (Baltimore, Hickson, George, & Crutchfield, 1996).

Supervision and training of professionals in the field of counseling require

careful planning and assessment of competency. Freeman (1993) indicated that the supervision will be most effective when there is structure in the process. He defined structure as a process which consists of delineating the roles, responsibilities and methods of supervision, and indicated the process must also include supervisee evaluation. Evaluation, as used in conjunction with the idea of delineated roles, may be construed by many supervisors as indicative of a hierarchal supervisory position which results in the evaluator role becoming negative. Additionally, for many individuals the very word evaluation conjures up emotional overtones of scrutiny, valuing, negativity and anxiety. Hahn and Molnar (1991) suggested that this has created an ambivalence about evaluation since supervisors, on the whole, feel that the supervisor/trainee relationship should be more of a collegial relationship for optimal professional growth to occur. They additionally proposed that theoretical underpinnings of the counseling profession, which stresses unconditional positive regard, reduces counseling supervisors willingness to utilize rigorous forms of evaluation. In this age of increasing accountability, it becomes essential that the supervisor be able to objectively and rigorously evaluate trainee competency, or more specifically, measure performance against prescribed criteria.

Shifting from Evaluation to Assessment

Remley, Benshoff and Mowbray (1987) enumerateds that supervisor evaluations night result in "(a) an opportunity to compare and contrast expectations about supervision, (b) a format for reviewing the stages of supervision, (c) a process for determining the degree of professional development, and (d) assistance in arriving

at closure of supervision" (p. 37). Each of these are essential in the clinical training experience and are seen to be beneficial and positive for the trainee. The four points also imply that the relationship between supervisor and supervisee is not only collegial, but one that does not have a sense of rigid hierarchial structure. Holloway (1994) specifically defined supervision as an alliance for learning in which an interpersonal relationship promotes the establishment of objectives that promote skill and competence. "Thus, the supervisory process reflects the mutuality of influence, shared goals, and learning events" (p. 528).

In addition, our ethical standards demand that we respect the rights of those individuals that we supervise. "Supervisees have similar rights to privacy, respect, dignity, and due process that clients do" (Kith-Spiegel & Koocher, 1985). Because of those rights, supervisors should provide trainees with information regarding expectations, anticipated competency levels, activities, and optional experiences so that the supervisee knows ahead of time whether to agree to the particular experience and thus to participate with informed consent. These rights are now defined with the American Counseling Association's (ACA) Code of Ethics. "People perform better when they know the goal, see models, and know how their performance compares to the standard" (Herman, Aschbacher, & Winters, 1992, p. 20). Holloway (1994) recommended that the trainee be encouraged to do self-evaluations. This approach would lend itself to promoting the development of professionalism within supervision. Spruill and Benshoff (1996) said professionalism involved a continuing "personal commitment to the standards, ideals and identity of a profession" (p. 468) and is most

appropriately developed in the training program.

Perhaps, then, it would be beneficial if we try to rethink how we think about the role of the supervisor as an evaluator. Counselors acknowledge that clients are most likely to make change if the counseling environment is one of unconditional positive regard, even supportive. Educators have also acknowledged this same type environment as essential to optimal learning. Marzano, Pickering, and McTighe (1993) stated that "Without positive attitudes and perceptions, students have little chance of learning proficiently, if at all" (p.1). In addition, during the last decade, the field of education has begun to emphasize a constructivist view of learning as a process in which assessment and learning are seen as integrated task. "Assessment directly affects learning in that it provides the necessary feedback for effective learning" (Marzano, 1993, p.12). Thus utilization of the word evaluation, which seems to connote a sense of negativism, is no more appropriate in counseling than in education. The term which has been more readily adopted in education is assessment.

> The word 'assess' comes from the French 'assidere,' which means 'to sit beside.' ...the fundamental role of assessment...is to provide authentic and meaningful feedback for improving student learning...assessment is not an end in itself. It is a process that facilitates appropriate ...decision making by providing information on two fundamental questions: How are we doing? and How can we do it better?(Herman, Aschbacher, & Winters, 1992, p.vi)

This term then, assess, assessment, more explicitly defines the needs we have in

supervision: to compare (sit beside) standards of the profession; to portray the level of competency attained to previously identified goals (how are we doing); to facilitate the development of subsequent goals (where are we going and how can we do it better); to establish a relationship of mutuality (sit beside and facilitate process); and to respect the rights of the supervisees by their kinowing in advance what will be expected (shared goals and learning events).

Incorporating Alternative Methods of Assessments in Supervision

Educators have recognized that assessment must involve the process of learning as well as its product. Assessments which look at process and not just at the product (ie, multiple choice test) have been defined as assessment which "requires students to actively accomplish complex and significant tasks, while bringing to bear prior knowledge, recent learning, and relevant skills to solve realistic or authentic problems" (Herman, et al, 1992, p. 2). The clinical experiences of counselors-in-training certainly requires them to accomplish tasks which are both significant and complete and to integrate their knowledge and skills to solve very realistic problems. Carney, Cobia, and Shannon (1996) addressed the need for looking at alternative means of evaluating counselors in training. They cited both increasing litigation as well as the multiple dimensions of counselor competencies as factors that press training programs to look at alternative methods of evaluation. However, the portfolios which they suggested, were questioned (Alschuler, 1996) as not having the measurement qualities needed in evaluation of competencies, as well as being costly and time consuming. For accountability, assessment instruments must provide us with

valid and reliable measurements, "not ratings that are highly susceptible to the perceptual and cognitive idiosyncrasies of observers" (Newman & Scott, 1988).

During the 1980's and early 1990's educators spent a great deal of research time perfecting methods of alternative assessment for performance and how to score these alternative assessment so that they meet the measurement qualities needed for accountability. Various researchers in the field of educational assessment (Herman, et al, 1992, Resnick, 1987, Wiggins,1988) have made valid cases for substituting performance assessments for tests (such as multiple choice examinations of knowledge) which are indirect indicators of competence. Counseling demands the integration of numerous complex skills and task. "The efficacy of counselor performance appraisal is jeopardized when critical functions cannot be adequately assessed so that strengths can be recognized and weaknesses remediated" (Schmidt, 1990, p.91).

In their book, A Practical Guide to Alternative Assessment (1992), Herman, Aschbacher, and Winters identified four common elements that good criteria must have when developing usable performance assessments: 1)dimensions that serve as the basis for judging evaluation responses, 2)definitions and examples to clarify the meaning of each trait or dimension, 3)a scale or counting system on which to rate each dimension, and 4)standards of excellence for specified performance levels which are accompanied by models or examples of each level. They further stated that the dimensions which are chosen to assess performance "in a certain domain should reflect the essential qualities of good performance in that domain" (p.57). The

American Counseling Association (1995) has published the Code of Ethics and Standards of Practices and additional ethical codes have been prepared by divisions of ACA as well as other mental health professional organizations (Herlihy and Remley, 1995). Numerous journal articles (e.g., Allen, Szollos, & Williams, 1986; Bernard & Goodyear, 1992; Carifio & Hess, 1987, Newman and Scott, 1988, Williams, 1994) have attempted to define those traits, characteristics, and elements of knowledge which are essential in performance of the profession of counseling. In 1990, the second edition of The Professional Counselor: Competencies, Performance Guidelines and Assessment was published by the American Association for Counseling and Development (D. Engels & J.D. Dameron, Eds). This document provides a checklist format that can be used in determining the competency of the trainee as directly related to the criteria which define the standards of the profession. This checklist is divided into a variety of categories of skills.

The Scoring Rubric

If we accept, however, the premise that individuals both learn better and perform better when they are aware of expectations and specific criteria in advance, then there remains a need for a comprehensive assessment instrument which fairly assess the level of competencies of trainees in terms of specific criteria of performance (Hahn & Molnar, 1991) and which, in addition, can serve as an explanation/model of performance at various levels. In a review of types of evaluation instruments used by counselor supervisors, Borders and Fong (1991) found that rating scales were the most frequently used format but that there was not a high degree of

variability among raters. They related low reliability to such things as who rates the supervisee, the improvement or deterioration of the client, lack of reliability and validity on the scales themselves, and the uni-dimensional construct of most scales. In addition, most of the rating scales were found to evaluate only the supervisee's behavior within the counseling session, and not the myriad of other important skills, behaviors, and attitudes. Hahn and Molnar reviewed various instruments which have been designed to evaluate the work of interns, particularly in a college counseling center. Further more, they developed a seven point scoring scale which is based on the theoretical literature of the development process in the internship experience. The anchor points of the scale delineated seven levels of performance ranging from inadequacy to ability to practice independently and teach others. Their scale consisted of various domains of technical skills and judgments which their counseling center felt should be developed by interns prior to the completion of the internship. However, they also cautioned that training programs must develop their own scales which reflect domains that are consistent with their program standards or criteria. Since training programs and agencies frequently emphasize different theories, skills, areas of focus, etc, their point is well taken. It is highly improbable that one scale can be designed which will be universal. Thus, instead of hoping or attempting to develop "a scale" for assessment of clinical skills, I would like to submit that as educators and supervisors in the counseling field it is more important to become more proficient in the development of appropriate performance assessment instruments.

The rubric is a very specific form designed to facilitate the scoring of

alternative assessment and has been successful in increasing the quality of measurement and in clarifying tasks when used in classrooms, for school accountability, and in industry. The rubric can provide a quantitative method for assessing counselor performance in an objective manner and provides a uniformed method for evaluating the work of supervisees either in an academic or professional work setting. Marzano, Pickering, and McTighe (1993) offered the following explanation of a rubric:

> The vehicle used to guide human judgment is a rubric, which has its origins in the Latin rubrica terra, referring to the use of red earth centuries ago to mark or signify something of importance. Today we maintain the spirit of this original meaning, since the term commonly means an authoritative or established rule. More specifically, a scoring rubric consists of a fixed scale and a list of characteristics describing performance for each of the points on the scale. Because rubrics describe levels of performance, they provide important information to teachers, parents, and others interested in what students know and can do. Rubrics promote learning by offering clear performance targets to students for agreed-upon standards. (p. 29)

Although this description was written in relationship to classroom learning, it is still highly applicable to the supervision situation, for here as well, we must know what the supervisee can do as well as what they know. The rubric not only allows us to assess trainees by specific standards, the rubric also is a means by which we can definitively provide for the supervisee a model or example of what is expected of them. The rubric

varies from the simple use of anchors to describe levels of performance by adding one additional component. An exemplar (an example written in descriptive, behavioral language which defines a benchmark/anchor on the scoring scale) of the actual characteristics of performance at that level is given at key points on the scale for each competency assessed. An example of a scoring scale which has five anchor points is provided in Table 1 while the corresponding rubric for the competency area of establishing a counseling relationship is provided in Table 2.

Insert Tables 1 and 2

The appropriate level is then more reliably identified when the student/intern's actual performance is compared to the exemplars given on the rubric.

The numerical values of the scoring scale obtained by identification of the appropriate levels then provides the quantitative data necessary to calculate psychometric statistics that can provide us with sound measurement information. One scoring rubric can be used for evaluating various levels of clinical work by simply defining the level of performance that is expected at that particular level of professional development. For example, if a supervisor is working with interns who are approaching licensure, then performance at the highest level might be expected. However, students in an advanced practicum course might only be expected to show overall performance on the criteria at an average level. Although as counselors we sometimes feel that rigorous evaluation may violate the unconditional positive regard

that is facilitative in not only our relationships with clients but also with supervisees, it is imperative that our evaluation techniques provide objective and specific evaluations for the benefit of the trainee and future professional growth, for the trainees future employers, and as a means of evaluating our training programs as we look for ways to improve counselor education. Additionally, a means of specific, quantitative evaluation will also provide safeguards as supervisors and training programs are held more legally and morally responsible for the competence of those who are trained (Hahn & Molnar, 1991).

When provided to the trainee at the beginning of the supervision experience, the rubric can then provide concrete examples of exactly how performance levels on a given criteria are defined. The rubric also helps the trainee to actively engage in self-evaluation as specific performance behaviors are discussed. Grant Wiggins (1988) maintained that in " all professional settings the essential challenges are known in advance...to rehearse and gain the confidence that come from knowing their performance obligations. (A known challenge also makes it possible to hold all ...to higher standards)" (p. 3).

General Guidelines for Rubric Development

If assessment methods for clinical skills are to be effective, the measures must be psychometrically sound, particularly if we utilize these methods to document the decisions that we make regarding the competencies of trainees. In addition, the measurement tool must also be able to delineate among levels of competence (Newman & Scott, 1988), and provide accurate information on which to help the

supervisee develop future goals for growth. Although intended for development of performance evaluation instruments within the public school setting, A Practical Guide to Alternative Assessment (Herman, et. al, 1992) not only stressed the importance of measurement characteristics such as reliability and validity, but provide guidelines for insuring that the performance assessment instruments developed will be psychometrically sound, thus providing accurate information that can be utilized in all levels of decision making, including accountability. Creating instruments which have sound reliability and validity begins by determining the criteria that are to be evaluated. Herman, et. al stated that the process begins when we 1)"investigate how the assessed discipline defines quality performance", 2)"discuss with others the characteristics of these models that distinguish the effective ones from the ineffective ones" (p.75). Once criteria are selected, then levels of performance must be described and definitive examples of performance at various levels of performance written in terms that are measurable. During development, the performance criteria must be continually evaluated to see if they in fact are the criteria which help to make accurate judgments as well as discriminate between competent and incompetent behavior. The rubric must be revised until the score obtained "captures the 'quality' of the work"(Herman et al, p. 75). Newman and Scott (1988) stated that the "development of more useful measures of counseling performance is more accurately conceptualized as a process than as an outcome. Evaluating scale efficacy requires collecting data for item analyses that may in turn, lead to scale revisions whereupon the process begins again" (p. 76). "Collaboratively with the trainee, the supervisor

sets, assesses, and reassesses progress towards goal" (Williams, p. 95). How well a counselor is able to perform in comparison to the standards of the profession and in terms of individual goals set for the supervision is a judgment that must be made within the supervision process. Trainees should also be given the opportunity to add personal goals to the rubric so that it incorporates criteria that encompasses their own self-perceived needs for the development of clinical competence. This provides them with a life-long tool that insures that as professionals they maintain an objective view of their ability and see assessment as a means of determining their needs for continued growth. Specific steps in the development of a clinical rubric are described in Appendix A.

Supervisors who use the same scoring rubric for various trainees should be trained in the use of the rubric and inter-rater reliability studies which can easily be done. Validity studies can be conducted via sophisticated statistical techniques or more simply by having professionals in the field rate the constructs being tested. However, two key factors to insuring confidence in evaluation instruments that are stressed throughout Herman, et.al's book are to be sure that inferences made from the evaluation results are limited to what is assessed by the instrument and to never make any important decision on only one source of information.

Initial development of a scoring rubric for clinical training experience can be a time consuming task. In addition, it requires the faculty or agency staff members to not only define the criteria that is to be assessed and descriptors of levels of performance, but it also requires that the training program accept some basic tenets of learning and

education. This article will not define these tenets in detail nor provide the step by step process that is required to effectively develop the scoring rubric. However, the basic premise behind the movement for development of psychometrically sound alternative forms of assessment is that learning and assessment are an integrated process which can best occur when both instructor and students are fully aware of both the criteria for performance and the specifics of evaluation in advance of engaging in the task of learning (Herman, et al, 1992). Additionally, assessment must not be denied its rightful place as a necessary and beneficial part of the clinical learning process within our priority of supervisory

Summary

Assessment of the performance of students/interns who are engaged in clinical activities is not only a vital part of the supervisory process, it also promotes self-assessment, professional growth, and motivation to reach higher levels of skills on the part of the trainee. Additionally, in today's world of complex issues and situations for clients, it provides a concrete means of justifying the level of competence that we assign to the skills of those we train. This is ethically demanded of us as professionals and also can provide us an increased level of confidence in a society filled with litigation. But perhaps most importantly, it will help us to engage with our trainees in a more positively active and objective form of supervision that will allow both the trainee and the supervisior to experience professional growth and satisfaction. One of the most crucial factors, however, in the development of alternative assessment

procedures is to be conscientious in our development so that sound measurement qualities exist. Without these, designed assessment tools become no more beneficial in the venue of accountability than the verbal or written summaries that we have tended to provide of the student/interns competencies. Our ability to concretely assess the performance of counselors against specific criteria will also be an asset to the profession as a whole as we continue to re-define our standards and hold practitioners to higher levels of performance. Schmidt (1990) stated that "Performance appraisal and supervision of practicing counselors are emerging issues with implications for the future development and identity of the counseling profession" (p. 86).

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Table 1

Example of Scoring Scale with 5 Point Anchor

Level 5	Is able to perform at the level of independent practice without supervision, but consults when appropriate. Skill level is such that is able to teach others.
Level 4	Performs at a mastery level, but stills requires periodic supervision and advisement. Has not yet refined all of the advanced skills.
Level 3	Performs at an average level, requiring routine supervision and additional instruction.
Level 2	Requires supervision and monitoring to carry out even the most basic tasks in this area and significant monitoring if advance tasks are attempted.
Level 1	Performs inadequately for level of professional development in this area, demanding close supervision of even the most basic tasks.

Table 2

Example of Scoring Rubric for One Competency

	9. Establishing Counseling Relationship
5	At least 90% of the time, makes a conscious effort to employ the core conditions of counseling: empathy, unconditional positive regard, genuineness, and concreteness/intentionality.
4	(Between 5 & 3)Comment:
3	At least 75% of the time, makes a conscious effort to employ the core conditions of counseling: empathy, unconditional positive regard, genuineness,and concreteness/intentionality; or may have problems with any one core condition on a more frequent basis.
2	(Between 3 & 1)Comment:
1	Has significant difficulty exhibiting a knowledge of and/or use of the core conditions of counseling: empathy, unconditional positive regard, genuineness, and concreteness/intentionality.

APPENDIX A

THE PROCESS OF DEVELOPING RUBRICS FOR SCORING CLINICAL PERFORMANCE OF COUNSELORS-IN-TRAINING

Mary Ann Hanna, Ph.D., LPC, CCMHC e-mail: MHanna37@aol.com

Step I: Accept Underlying Paradigm

Faculty in the training program and/or supervisors in the post-degree internship must be willing to embrace the educational paradigm which acknowledges that assessment differs from evaluation in both looking at process and performance. They must also decide if making the experience of each student/intern successful is the number one priority of the program. Successful must also be defined as meeting professional standards at the highest possible level of performance. This will necessitate faculty and/or internship supervisors committing to the basic tenet that the success of the student/intern is more important than personal acknowledgment or reinforcement of the supervisors/ faculties superiority in terms of knowledge and skill. Often the need for the trainer to be acknowledged as a more competent professional by the student/intern is an unconscious response to the modeling of our own training paradigms. Unfortunately, at times this behavior is conscious and is seen as a means of "weeding" out undeserving individuals as well as reinforcing the fact that degrees and licenses of the trainers are unquestionable "badges of superiority".

Step 2: Seek Advisement

Faculty and/or supervisors who are willing to accept the educational paradigm described in Step I, will recognize the need to seek the advice of other professionals who are actively engaged in the practice of counseling. One excellent means of doing this is to form an Advisory Committee that becomes an integral part of the decision making process of the program. Members of this committee may be graduates of the program who have achieved success in the field in terms of licensure and active practice of the profession, or they may be members of the profession from surrounding communities who are acknowledged as extremely competent. For the Advisory Committee to function well, the members must feel that their roles of advising are respected and are more than a token effort. Members of the faculty or staff must be willing to acknowledge that those actively engaged in the daily practice of the profession are able to maintain a more realistic perspective on the skills and competencies needed than those who are removed from daily practice and rely on journals, books, and research to maintain their focus.

Step 3: State Theoretical Tenets

As the paradigm of promoting student/intern success at a high level of performance is embraced, it is imperative that specific theoretical tenets in counseling, psychology, and education which define positive means of teaching, learning, and supervision be identified and adopted as basic tenets of the program. In particular, beliefs about the type of learning environment desired, methods of supervision, forms of communication, forms of behavioral reinforcement, attitudes of supervisors, and methods of assessment must be identified and supported by evidence available in the literature of the profession.

Step 4:Enumerate Standards to Be Assessed

The standards of the profession that are applicable to the particular level of training being assessed must be specifically identified and enumerated.

Step 5: Write Objective, Behavior-Oriented Goals

Once the standards are identified, then specific. objective goals for the practica or internship must be stated in terms that can be measured. This is where a knowledge of writing and stating performance objectives is essential. Clear, specific wording is essential if performance is to be fairly measured and if the student/intern is to be able to completely comprehend what is expected of them.

Step 6:Operationalize Goals through Exemplars

The objective goals must then be operationalized so that the individual who is to be assessed has a clear, definitive perception of expected behaviors. When developing scoring rubrics, this is done by writing what is termed "exemplars". Very basically, exemplars are descriptions of what performance behavior at a certain level is, written in precise, measurable terminology. For a clinical rubric, it is most useful to provide three exemplars for each measurable objective. When writing the exemplars, starting with the exemplar of optimal behavior is often the easiest. This exemplar will specifically describe the performance behaviors of the student/intern if he/she were to evidence perfect skill competency in terms of the stated standard. The exemplar provides a description of model behavior that the student/intern will strive for. It specially details what one must do in order to achieve this objective. Once the exemplar for desired performance behavior is written, then proceed to write the exemplar for the lowest level of performance behavior that can be envisioned by someone who has the background and training of the students/interns. This is performance that would not necessarily be acceptable, but is descriptive enough to allow someone who is weak in the specific area to be able to define in terms of performance behaviors what low level skills are. After the highest and lowest exemplars are written, then write the exemplar which defines average performance. Remember that average performance should be acceptable performance within the designated setting. It is not perfect, but it is adequate for the carrying out of the identified professional standard in a manner that will be beneficial and helpful to colleagues or clients.

Step 7: Review Exemplars for Measurability

Once a minimum of 3 exemplars for each identified objective has been written (describing optimal, average, and poor performance), then the exemplars must be carefully reviewed for consistency of description of levels of performance, concrete and descriptive terminology, and language which provides observable and measurable statements of behaviors. Maintaining a list of terms from the field which give us a measurable "image" is helpful in writing and revising exemplars.

Step 8: Review by Active Practitioners

Have performance objectives and exemplars reviewed by professionals who are

actively employed in the field. This may be your advisory committee, but if the advisory committee has been integrally involved in the development of the rubric up to this point, then the rubric needs to be given to other professionals for review so that fresh and objective opinions are obtained.

Step 9: Revise

Following review of the rubric, be ready to revise, revise, and revise. If the rubric is to be useful as an assessment instrument which provides a method for accountability, then it must state goals and examples of performance levels in a concise and highly descriptive manner. In addition, the language must describe performance behavior in a manner that makes it measurable. Otherwise, the rubric will be no more useful that a simple check list, and the purpose of quantifying rating of ability will be eluded.

Step 10:Establish Appropriate Environment

Prior to introducing the rubric as an evaluation tool to students/interns, be sure that the overall environment matches the theoretical basis for using rubrics. Specifically, be sure that students/interns see the clinical experience that is to be evaluated as a learning experience where success is anticipated; that the supervisor is not there to look for errors, but as a partner to stimulate growth; that perfection is not expected, but is possible; and that there are no hidden agendas or surprises that allow the supervisor to remain in control of the final grade or rating. The student/intern should also feel comfortable in coming to the supervisor for advice and assistance, knowing that the supervisor will accept their questions in the spirit of unconditional positive regard.

Step 11:Provide Rubric as Guide

Those individuals, students/interns, who are to be assessed by the rubric should receive the rubric in advance of the beginning of the clinical experience that is to be assessed. Again, the rubric best works when applied to the educational paradigm that stresses the success of the student/intern, and this means that the individual who is being assessed has a right to know exactly what is expected in terms of different levels of performance. Research in the area of performance assessment indicates that when an individual is provided with the specific criteria for scoring their work in advance, performance is usually higher than when the assessment scoring criteria are made known later or after the scoring has occurred.

Step 12:Include Individual Goals

After the student/intern has been presented with the rubric, allow the individual to add any additional goals that are personally important to them,. In keeping with this theoretical framework, the individual should be encouraged to write specific exemplars that describe performance behavior that would indicate optimal, average, and poor growth for them, as an individual on the objective described. Thus, the assessment becomes more individualized.

Step 13:Review Periodically

The rubric should be used as the basis for periodic review sessions between students/interns and supervisors. Each objective should be reviewed in terms of the specific exemplars and the actual performance of the trainee discussed in terms of the exemplars for each level of performance. This review should include describing specific behaviors that can be developed to help the trainee move to a higher level of performance. Specific attention should be given to those areas of performance behavior which are the most difficult for the trainee. In these areas, small indicators of success should be noted at each review.

Step 14: Stress Use of Rubric as Means of Self-Assessment

Students/interns should be encouraged to use the rubric as a means of self-assessment. This will foster the concept that learning is a continual process and that self-assessment allows one to set realistic goals and expectations for personal performance. Utilizing the trainee's self-assessment as the basis for discussion and re-adjustment of goals and actual performance behavior provides a positive focus on learning as well as improving one's self-assessment skills.

Step 15:Seek Feedback

Ask the individual(s) being assessed by the rubric to keep a journal or notebook that documents their responses to the rubric from the beginning to the end of the assessment period. Specifically comments should be sought which describe the usefulness of the rubric in identifying the behaviors that are to be assessed; identify any wording that is not clear or specific; assess the accuracy of perceived levels of performance; and identify personal response to the use of the rubric as not only a tool for assessment, but a tool for self-growth. Here the faculty or supervisory staff must be willing to accept criticism related to the results of their efforts--often effort that has involved numerous hours of hard work. Again, they must be willing to honestly admit their own imperfections as well as accept that feedback provided by those being supervised can provide meaningful learning for the supervisor. This means that egos must be put aside and the acceptance of the fact that everyone can improve on anything that has already been done when given another chance!

SCORING RUBRIC

COUNSELOR-TRAINEE CLINICAL WORK

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The numerical values on this scale represent the following levels of clinical competency:

Level 5 Is able to perform at the level of independent practice without supervision, but consults when appropriate. Skill level is such that is able to teach others.

Level 4 Performs at a mastery level, but stills requires periodic supervision and advisement. Has not yet refined all of the advanced skills.

Level 3 Performs at an average level, requiring routine supervision and additional instruction.

Level 2 Requires supervision and monitoring to carry out even the most basic tasks in this area and significant monitoring if advance tasks are attempted.

Level 1 Performs inadequately for level of professional development in this area, demanding close supervision of even the most basic tasks.

SCORING INSTRUCTIONS:

Circle the number for each item which most accurately represents the behavior of the trainee as related to specified competency area. Ratings for each item may totaled for an overall composite score.

Section I: Professional Responsibility

1.Individual Supervision

5 Comes prepared to each session with needed materials, questions organized, and any research complete and initiates part of the interactive dialogue with supervisor; listens carefully and understands suggestions made and consistently makes attempt to incorporate suggestions and reviews their effectiveness with supervisor after their utilization or is able to justify why a suggestion was not used; initiates interaction/discussions outside of set supervision and always seeks clarification in unfamiliar situations; has definitive goals for achievement in the supervisory process.

4 (Between 5 & 3)Comment:

3 Comes to supervision sessions willingly, but is prepared in terms of materials, questions, and research only 75% of the time; is responsive to the suggestions made during the supervision session with moderate interaction with the supervisor during these sessions with the supervisor initiating most of the interaction; will at times make attempts to incorporate suggestions and review

their effectiveness with supervisor if they are utilized but is not always able to justify if suggestions should or should not be used given personal philosophy and client need; rarely initiates discussions outside of supervisory session; has goals for supervision but they are rather vague or global.

2 (Between 3 & 1)Comment:

1 Is not an eager participant in supervision and comes unprepared as much as 50% of the time; does not initiate interaction in the supervisory session, being solely dependent on supervisor to set goals and direction for session; provides little feedback to supervisor as to effectiveness of suggestions, primarily because there is little utilization of these suggestions within sessions; rarely utilizes supervision to discuss unfamiliar or unusual situations.

2. Group Supervision.

5 Eagerly listens to suggestions made by peers within group supervision with dynamic interaction with group members both in terms of review of own work and review of group member's work; is able to accept both praise and criticism of work that is framed in appropriate manner; consistently makes attempt to incorporate suggestions and reviews their effectiveness with group after their utilization or is able to justify why a suggestion was not used; communicates that peer comments and involvement is a beneficial and rewarding part of the training process.

4 (Between 5 & 3)Comment:

3 Is responsive to suggestions of peers within group supervision but there is only moderate interaction with other group members; will make attempts 50% of the time or less to incorporate suggestions within future work with clients; responds to peers in regards to the effectiveness of suggestions made 75% of the time; contributes suggestions or support to peer presentations 75% of the time; will be less receptive to criticism that is appropriately made than to praise.

2 (Between 3 & 1)Comment:

1 Is a reticent participant in group supervision, volunteering comments or seeking interaction from other peers in regards to own work less than 50% of the time; has difficulty in accepting critique from peers--praise or suggestions made--in an appropriate manner and rarely appears to incorporate any type of suggestion into future work with clients.

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3. Completion of Paperwork

5 Accurately completes all paper work that is required in neat, readable, concise manner; hands in all work efficiently and on-time without reminders; expresses information clearly and effectively through written communication.

4 (Between 5 & 3)Comment:

3 Paperwork is completed in a readable and concise manner and is accurate at least 75% of the time; must be reminded infrequently.

2 (Between 3 & 1)Comment:

1 Paperwork is often not neat or efficiently done, frequently with significant errors; work not always handed in on-time.

4. Professional Behavior

5 Utilizes behavior within clinical sessions; understands and maintains appropriate interactions and boundaries with clients; expresses information clearly and effectively through oral communication; dresses appropriately; demonstrates knowledge of current professional literature; is respectful of client and supervisor appointment times; provides client with full attention in session; attends professional development activities when applicable.

4 (Between 5 & 3)Comment:

3 Does utilizes professional behavior and clear oral communication within clinical sessions, but use is consistent less than 85%; understands appropriate interactions and boundaries with clients, but may need some assistance in operationalizing this understanding; dresses in an appropriate manner; demonstrates some knowledge of current professional literature; is usually respectful of client and supervisor appointment times; at times, fails to provide client with full attention in session; may attend professional development activities when applicable.

2 (Between 3 & 1)Comment:

1 Evidences little attention to such professional mannerisms as language, behavior or dress 50% of the time; oral communication often unclear; rarely indicates knowledge of current professional literature; is frequently late or unprepared for client sessions and/or does not provide client with full attention; rarely takes advantage of available professional development activities.

5. Ethical Behavior.

5 Understands and utilizes ACA Code of Ethics and/or other appropriate ethical codes as determinant for all professional behavior and as a basis for all decision making; has begun "thinking ethically" by integrating knowledge and application of ethics with innate clinical wisdom; readily seeks consultation on ethics for unique or unusual situations.

4 (Between 5 & 3)Comment:

3 Demonstrates academic knowledge of ACA Code of Ethics and/or other appropriate ethical codes but lacks the ability to fully utilize and integrate the code with innate clinical wisdom when making professional decisions; does seeks help of other professionals when in doubt of proper behavior.

2 (Between 3 & 1)Comment:

1 Demonstrates little understanding of ACA Code of Ethics or other appropriate ethical codes and therefore must be frequently reminded in supervision of appropriate ethical behaviors.

Section II: Theoretical and Procedural Knowledge:

6. Initial Intakes

5 Demonstrates ability to easily develop rapport with new clients, making them feel at ease; shows respect to client; is able to communicate authentic caring to client vs being just a good technician; is able to identify the real problem which brings the client to counseling;; thoroughly covers all areas of client development which are associated with the presenting problem; is able to correctly assess risk factors such as homicide, suicide, and inability to care for self.

4 (Between 5 & 3)Comment:

3 Develops rapport with new clients at least 75% of the time during the intake; communicates authentic caring to client, but concern about technique is still present; covers at least 75% of all areas of developmental information needed during the initial intake; is able to provide a general description of the problem that client brings to counseling; with assistance from supervisor, able to assess risk factors.

2 (Between 3 & 1)Comment:

1 Is reticent in initial sessions, and often struggles to develop rapport with client during this session; initial interactions do not demonstrate respect for the client; evidences more concern about techniques than about empathetic caring of client; intake lacks focus and organization; often does not come away with clear understanding of client problem; often fails to assess risk factors.

7.Diagnostic and Case Conceptualization Skills.

5 Is able to identify salient features of client and when appropriate derive DSM diagnosis; able to formulate case hypotheses; able to express conceptual framework and formulate appropriate strategies/interventions; requests feedback on difficult to diagnose clients and utilizes this feedback in diagnostic decision making.

4 (Between 5 & 3)Comment:

3 Assistance is needed in order to derive an appropriate DSM diagnosis, when appropriate; formulate case hypotheses, with assistance; express conceptual framework and formulate appropriate strategies/interventions, but sometimes needs assistance.

2 (Between 3 & 1)Comment:

1 Demonstrates little understanding of the DSM system of diagnosis; has difficulty formulating case hypotheses, expressing conceptual framework and/or formulating appropriate strategies/interventions.

8. Counseling Theories and Techniques

5 At least 90% of the time, is able to apply counseling theories and techniques which are appropriate for the specific client and clinical situation in such a manner that indicates strong knowledge of both theories and their accompanying techniques; demonstrates an ability to use a pluralistc and integrated approach to clinical work.

4 (Between 5 & 3)Comment:

3 At least 75% of the time, is able to apply counseling theories and techniques which are appropriate for the specific client and clinical situation in such a manner that indicates competent knowledge of both theories and their accompanying techniques.

2 (Between 3 & 1)Comment:

1 Demonstrates limited knowledge of and has difficulty applying theory and techniques appropriately to meet the individual needs of clients and as a result, little client progress is shown or clients choose to not engage in counseling.

9. Establishing Counseling Relationship

5 At least 90% of the time, makes a conscious effort to employ the core conditions of counseling: empathy, unconditional positive regard, genuineness, and concreteness/intentionality.

4 (Between 5 & 3)Comment:

3 At least 75% of the time, makes a conscious effort to employ the core conditions of counseling: empathy, unconditional positive regard, genuineness,and concreteness/intentionality; or may have problems with any one core condition on a more frequent basis.

2 (Between 3 & 1)Comment:

1 Has significant difficulty exhibiting a knowledge of and/or use of the core conditions of counseling: empathy, unconditional positive regard, genuineness, and concreteness/intentionality.

10. Listening Skills

5 Demonstrates competent use of all levels of basic listening skills, including all of the lower listening/attending skills and the higher level skills, such as feedback and reflection of meaning.

4 (Between 5 & 3)Comment:

3 Demonstrates comfortable use of lower and medium level of basic listening skills but exhibits frequent difficulty with use of higher level skills.

2 (Between 3 & 1)Comment:

1 May demonstrate fairly comfortable use of lower level skills such as listening and attending, but has significant difficulty with all higher level skills, including reflection of feeling, focusing, reflection of meaning, influencing summary, etc.

11. Knowledge of Systems

5 Demonstrates understanding of the roles of the client, the self as counselor, role of self as impacts on clients, role of history of self and client, and interactive nature of all systemic roles with the new systemic relationship formed between counselor/client.

4 (Between 5 & 3)Comment:

3 Has moderate understanding of the roles of the client, the self as counselor, self as impact on clients, history of self and client and interactive nature of all roles with new system created by client/counselor relationship, but has some difficulty translating knowledge into action.

2 (Between 3 & 1)Comment:

1 Has significant difficulty in understanding or recognizing the multiple system of roles and their interaction when working with clients.

12. Understanding Client's Reality

5 Utilizes initial clinical interview and appropriate continued questioning to ascertain the reality of each client and appropriately adapts techniques, theory, and personal affect (i.e. humor, creativity, etc.)to meet the client at client's phenomenological reality; treatment goals reflect an in-depth level of understanding about the client.

4 (Between 5 & 3)Comment:

3 Acknowledges the need to meet the client at client's reality level, but has some difficulty in appropriate ascertaining reality of each client through appropriate interviewing and questioning techniques and/or has difficulty in adapting techniques, theory and personal affect to meet the client at client's level of reality; occasional personal biases may appear.

2 (Between 3 & 1)Comment:

1 At least 60% of the time or more, fails to acknowledge the need to meet the client at the client's reality level and/or to utilize appropriate methods for ascertaining that reality level and/or adapting techniques, theory and personal affect to meet the client at client's level of reality; personal biases may also be present.

13. Counselor Judgement

5 Demonstrates good and exemplary ethical judgement with each client, on an individual basis, which indicates a deep and complex grasp of issues involved and a sense of where future progress is possible for that particular client; displays good timing of interventions in the counseling process.

4 (Between 5 & 3)Comment:

3 Although appears to understand the process of determining issues involved within problems presented by each individual client, has difficulty translating that understanding into practice and/or understanding how they relate to future progress for client.

2 (Between 3 & 1)Comment:

1 Demonstrates little or no grasp of the deep and complex issues of individual clients; does not indicate ability to sense path of future progress; poor timing of interventions in counseling process.

14. Case Management

5 Understands the need for assessments, consultations, and referral of clients and demonstrates a knowledge of sources for such consultation and referral and is willing to seek such for the benefit of the client; works effectively with outside agencies in order to maintain treatment continuity.

4 (Between 5 & 3)Comment:

3 Demonstrates awareness of client's needs that may require assessment, consultation, or referral, but needs assistance in planning and implementing.

2 (Between 3 & 1)Comment:

1 Demonstrates little awareness of client's needs which require assessment, consultation or referral and must be directed to do so by supervisor.

15. Agency Policy and Procedures.

5 Completes paperwork that is required by agency in an expedient manner; is very cooperative in adhering to agency rules and policies; demonstrates commitment to mission statement of agency or department by enthusiastic embracement of that mission statement as evidenced by daily interaction with peers and clients.

4 (Between 5 & 3)Comment:

3. Demonstrates knowledge of agency rules and policies, but will often complain about those policies to the extent that professional judgment is clouded and performance declines; is not always expedient in completion of paperwork required by agency; acknowledges and understands mission statement of agency or department, but does not always adhere to that statement in interaction with colleagues and clients.

2 (Between 3 & 1)Comment:

1 Does not evidence knowledge of agency rules and policies; does not complete paper work required by agency or department; does not evidence awareness of department or agency's mission statement.

Section III: Personal and Professional Development

16. Self Evaluation of Counseling Skills

5 Consciously makes an effort to improve counseling skills through utilization of video tapes, professional resources including supervisor, peers, texts, journals, and other appropriate methods; acknowledges that no one is perfect in terms of skills and that improvement can always be made; presents new ideas for improvement of skills; able to assess self relative to an outside criteria.

4 (Between 5 & 3)Comment:

3 Although professes to diligent use of tapes and professional resources to improve counseling skills, only moderate effort on a client by client basis is noted and/or there appears to be recognition of a plateau of acceptable personal effort with little effort exerted beyond that point.

2 (Between 3 & 1)Comment:

1 Little personal effort exerted to improve counseling skills.

17. Personal Growth

5 Demonstrates awareness of the need to continue to grow as an individual and to strive toward balances in all areas of own life through participation in a wide range of recreational and professional activities, reading of diverse sources, discussions of various community and world topics with colleagues, etc.; able to establish and maintain healthy boundaries in all areas of life.

4 (Between 5 & 3)Comment:

3 Although professes awareness of the need for a counselor to care for one's own self and to continue to grow as an individual, still appears to have a slightly unbalanced focus which emphasizes the development of counseling skill and technique and does not adequately include an emphasis on development of own self and the importance of that relationship to the improvement of counseling skills; may exhibit some areas of unhealthy boundaries within total life.

2 (Between 3 & 1)Comment:

1 Does not acknowledge need for emphasis on personal growth that extends to areas outside the immediate constraints of professional life.

18. Counseling Style Development

5 Exhibits conscious effort to develop own personal style of counseling that is congruent with own personality and career goals; is aware of own strengths and areas of weakness and has sufficient understanding of various counseling theories as to be able to "fit" theories and techniques to own personal style so that performance in sessions seems to be a natural outgrowth of behavior and personal interaction outside the counseling session; knows career goals and develops skills that are congruent with those goals.

4 (Between 5 & 3)Comment:

3 Utilizes theories in appropriate manner, but at times seems stiff with the implementation of techniques and that stiffness appears to be because the technique does not fit with own personality outside of the counseling session; has distinct career goals, but does not see a differentiation among techniques in terms of suitability for various career paths.

2 (Between 3 & 1)Comment:

1 Does not seem to understand the relationships between own personality, utilization of specific techniques and theories, and career goals.

19. Interactions with Colleagues

5 Exhibits respectful and courteous behavior toward colleagues (including administrators, supervisors, peers) as defined by such behaviors as respect of

other's values and preference for techniques, respect for other's work loads and time commitments; avoidance of transmittance of gossip and manipulation of other's for personal gain; is successful as a team member.

4 (Between 5 & 3)Comment:

3 Aware of and can verbalize what respectful and courteous behavior toward colleagues (including administrators, supervisors, peers) should be, as defined above, but at times fails to exhibit such behavior in minor ways in one or two areas.

2 (Between 3 & 1)Comment:

1 Exhibits disrespectful behaviors toward colleagues (including administrators, supervisors, peers) as to indicate that self and personal needs are more important than others; tends to become involved in conflictive situations which are not of clinical work.

20. Willingness to Work on Personal Issues

5 Recognizes and/or acknowledges personal issues which may interfere with performance as a counselor and is willing to take necessary steps (i.e. seek counseling for self) to resolve such issues sufficiently as to provide excellent counseling service to others.

4 (Between 5 & 3)Comment:

3 Is willing to acknowledge possible personal issues which may have interfered with performance as a counselor but may be reluctant to seek amount and/or type of professional help required in order to sufficiently resolve issues as to provide adequate counseling service to others.

2 (Between 3 & 1)Comment:

1 Denies personal issues which may interfere with performance as a counselor.

___ **TOTAL SCORE SUPERVISOR' SIGNATURE:_____**

ADDITIONAL COMMENTS